

City__ County__
EL__ WA__ SE__ RC__

CITY OF BEDFORD

P. O. BOX 807

BEDFORD, VA 24523

PH (540) 587-6047 / FX (540) 587-6143

☐ Permanent

☐ Temporary

RESIDENTIAL UTILITY SERVICE APPLICATION

DATE OF APPLICATION_____ DATE SERVICE DESIRED_____

DEPOSIT DATE _____ AMOUNT _____ DOB _____

NAME _____ SOCIAL SEC # _____

FEDERAL ID # _____

RESIDENTIAL ☐ ELECTRIC ☐ WATER ☐ SEWER ☐ REFUSE ☐

Service address (street #) (street name)

(Bedford or Big Island)

MAILING ADDRESS _____

(If different)

PHONE NUMBER: HOME _____ WORK _____

RESIDENCE: OWN ☐ RENT ☐ LANDLORD _____

HAVE YOU PREVIOUSLY RECEIVED UTILITY SERVICE FROM THE CITY OF BEDFORD?

YES ☐ NO ☐ Previous Acct # _____ Cutoff Date _____

PREVIOUS SERVICE ADDRESS _____

EMPLOYER *(Company Name)* _____

ADDRESS _____

NAME OF SPOUSE/PARTNER _____

THEIR PLACE OF EMPLOYMENT _____

NAME OF A RELATIVE NOT LIVING WITH YOU _____

(Someone we can contact if you can not be reached)

ADDRESS _____ Phone # _____

Relation: _____

I understand that this application for utility service with the City of Bedford will establish an account in my name and that I will be responsible for all charges that are incurred on this account. I also agree to abide by the terms and conditions of the City Electric Tariff and other ordinances governing the utility services provided by the City of Bedford as amended from time to time by the City Council of the City of Bedford.

SIGNATURE _____